

**Employee Express**  
**Health Benefits History Report**

This is an official document to be filled on the right side of the employee's official Personnel Folder

<b>Effective Date:</b> 1/3/2010				
<b>Employee Name (Last, First, MI):</b>	<b>SSN</b>	<b>Gender</b>	<b>DOB</b>	<b>Married</b>
ALI MUSTAFA S	██████████	M	██████████	████
<b>Home Mailing Address:</b> ██████████  ██████████      █████      █████		<b>Nature of Transaction:</b> FEHB Change  <b>New Enrollment Code:</b> █████  <b>New Plan Name:</b> ████████████████████		
<b>Medicare A?</b> █████	<b>Medicare B?</b> █████	<b>Medicare D?</b> █████	<b>TRICare?</b> █████	
<b>Other Private Insurance?</b> No				
<b>Other Insurance Name:</b>		<b>Other Policy #:</b>		
<b>Present Plan Name</b>	<b>Enrollment Code</b>	<b>Event Code</b>	<b>Date of Event</b>	
██████████████████	████	████	██████████	
<b>Acceptance Date</b>	<b>CPCF Code</b>	<b>Personnel Office ID</b>	<b>Payroll Office Number</b>	
12/14/2009	EP00	3248	97381700	



# HEALTH BENEFITS REGISTRATION FORM

## Federal Employees Health Benefits Program

Form Approved:  
OMB No. 3206-0160

• Complete Part A and Parts B, C,  
D, and E as applicable.

• Do not separate the pages. Your employing office will certify the completed form and return your copy to you.

• Type or Print Firmly.  
• Sign and date in Part F.

### PART A - Fill in this part.

1. Name (Last, first, middle initial) <i>Ali, Mustafa</i>	2. Social Security number [REDACTED]	3. Date of birth (mo., day, yr.) [REDACTED]
4. Your home mailing address (include ZIP code) [REDACTED]	5. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	6. Are you now married? [REDACTED]
	7. Daytime telephone number [REDACTED]	

### PART B - Fill in this part if you wish to enroll or change your enrollment in the Federal Employees Health Benefits (FEHB) Program.

1. I elect to enroll in a health benefits plan as shown below. (Copy the information requested below from front cover of brochure of the plan you select.)

Name of plan [REDACTED]	Enrollment code [REDACTED]
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2a. Names of family members	2b. ZIP code	2c. Date of birth (mo., day, yr.)	2d. Sex	2e. Relationship "code"	2f. Social Security number (See Instructions)
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			

3a. Do you, your spouse or any other eligible family members have any group health insurance coverage other than the FEHB plan in which you are now enrolling or enrolled? ☐ No ☒ Yes → Complete 3b

3b. Type of insurance ☒ Medicare ☐ Indicate part(s) ☐ CHAMPUS ☐ Other private (specify name)

### PART C - Fill in this part, as well as PART B, to change enrollment.

1. Present Plan name	2. Present Plan enrollment code [REDACTED]	3. Number of event that permits change (See Table of Permissible Changes)	4. Date of event that permits change (mo., day, yr.) / /
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### PART D - Employees Only

Place an "X" in the box below if you wish NOT TO ENROLL in the FEHB Program.

☐ I elect not to enroll in the Federal Employees Health Benefits Program.

My signature in PART F certifies that I have read and understand the information regarding this election.

### PART E - CANCELLATION

Place an "X" in the box below if you wish to CANCEL your enrollment.

☐ I elect to cancel my enrollment in the Federal Employees Health Benefits Program. I am currently enrolled under the code shown at the right.

My signature in PART F certifies that I have read the information in the instructions regarding cancellation of enrollment and that I understand that I must meet the 5-year requirement to qualify for FEHB coverage after retirement.

### PART F - Fill in this part.

**WARNING:** Any intentionally false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)

1. Your signature (Do not print) <i>Mustafa Ali</i>	2. Date <i>10-1-94</i>
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### PART G - To be completed by agency

1. Name and address of employing office <i>E.P.A. 401 M St., SW. Washington, D.C. 20460</i>	2. Date received in employing office <i>10-3-94</i>	3. Effective date of action <i>10-16-94</i>	4. SF 2811 report number
	5. Payroll office number <i>68-01-0015</i>	6. Payroll contact and telephone number <i>(202) 260-5116</i>	
	7. Personnel contact and telephone number <i>( )</i>		
	8. Signature of authorized agency official <i>Stephen Love</i>	9. Phone number <i>(202) 260-3805</i>	

Remarks  
*Conversion to PFT 9/4/94*

# NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) Ali, Mustafa				2. Social Security Number [REDACTED]		3. Date of Birth [REDACTED]		4. Effective Date 09-04-2005			
<b>FIRST ACTION</b>				<b>SECOND ACTION</b>							
5-A. Code 881		5-B. Nature of Action FEGLI Chg		6-A. Code		6-B. Nature of Action					
5-C. Code DPM		5-D. Legal Authority 5 U.S.C., Chapter 87. Life Insurance.		6-C. Code		6-D. Legal Authority					
5-E. Code		5-F. Legal Authority		6-E. Code		6-F. Legal Authority					
7. FROM: Position Title and Number Environmental Protection Specialist Job Code: 001038      Position: 00008477				15. TO: Position Title and Number Environmental Protection Specialist Job Code: 001038      Position: 00008477							
8. Pay Plan GS	9. Occ. Code 0028	10. Grade or Lvl 13	11. Step or Rate 09	12. Total Salary \$94,721.00	13. Pay Basis PA	16. Pay Plan GS	17. Occ. Code 0028	18. Grade or Lvl 13	19. Step or Rate 09	20. Total Salary/Award \$94,721.00	21. Pay Basis PA
12A. Basic Pay \$81,670.00		12B. Locality Adj. \$13,051.00		12C. Adj. Basic Pay \$94,721.00		20A. Basic Pay \$81,670.00		20B. Locality Adj. \$13,051.00		20C. Adj. Basic Pay \$94,721.00	
12D. Other Pay \$0						20D. Other Pay \$0					
14. Name and Location of Position's Organization Environmental Protection Agency Asst Admr for Enforcement And Compliance Assurance, Office Of The Assistant Administrator, Office Of Environmental Justice Washington DC USA DeptID: 0000001870 Org Cd: 22014000				22. Name and Location of Position's Organization Environmental Protection Agency Asst Admr for Enforcement And Compliance Assurance, Office Of The Assistant Administrator, Office Of Environmental Justice Washington DC USA DeptID: 0000001870 Org Cd: 22014000							
<b>EMPLOYEE DATA</b>											
23. Veterans Preference [REDACTED] 1-None 3-10 Point/Disability 5-10 Point/Other 2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30%				24. Tenure 1 0-None 2-Conditional 3-Indefinite		25. Agency Use 8		26. Veterans Preference for RIF [REDACTED] YES [REDACTED] NO			
27. FEGLI [REDACTED]				28. Annuitant Indicator [REDACTED]		29. Pay Rate Determinant 0 0 Regular Rate					
30. Retirement Plan K FERS and FICA				31. Service Comp. Date (Leave) [REDACTED]		32. Work Schedule F Full Time		33. Part-Time Hours Per Biweekly Pay Period 00			
<b>POSITION DATA</b>											
34. Position Occupied 1 1-Competitive Service 3-SES General 4-SES Career Reserved 2-Excepted Service				35. FLSA Category E E-Exempt N-Nonexempt		36. Appropriation Code		37. Bargaining Unit Status 0011			
38. Duty Station Code 11-0010-001				39. Duty Station (City-County-State or Overseas Location) Washington Dist Columbia DC USA							
40. Agency Data 001		41. 05-01-2005		42.		43. ACM		44. PAR Number:			
45. Remarks											
46. Employing Department or Agency Environmental Protection Agency						50. Signature/Authentication and Title of Approving Official  Human Resources Specialist					
47. Agency Code EP00		48. Personnel Office ID 3216		49. Approval Date 09-04-2005							



## Employee Express

### Thrift Savings Plan History Report

This is an official document to be filled on the right side of the employee's official Personnel Folder

<b>Employee Name (Last, First, MI):</b>	<b>SSN</b>	<b>DOB</b>	<b>CPDF Code</b>
ALI, MUSTAFA	[REDACTED]	[REDACTED]	EP00
<b>Transaction Date</b>	<b>TSP Amount</b>	<b>TSP Percentage</b>	
12/7/2005	[REDACTED]	[REDACTED]	TSP Tax Deferred Start / Change
<b>TSP Effective Date</b>	<b>Personnel Office ID</b>	<b>Payroll Office Number</b>	
12/11/2005	00CI3248	68140108	